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EXAMINER

COBANOGLU, DILEK B

ART UNIT

PAPER NUMBER

3626

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PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Office Action Summary	Application No.	Applicant(s)	
	10/070,981	SCHWARTZ ET AL.	
	Examiner	Art Unit	
	DILEK B. COBANOGLU	3626	

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

- 1) ☒ Responsive to communication(s) filed on 26 October 2007.
- 2a) ☒ This action is **FINAL**. 2b) ☐ This action is non-final.
- 3) ☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

- 4) ☒ Claim(s) 22,25-27,35,37-43,46-48,50,51,53 and 54 is/are pending in the application.
- 4a) Of the above claim(s) _____ is/are withdrawn from consideration.
- 5) ☐ Claim(s) _____ is/are allowed.
- 6) ☒ Claim(s) 22,25-27,35,37-43,46-48,50,51,53 and 54 is/are rejected.
- 7) ☐ Claim(s) _____ is/are objected to.
- 8) ☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

- 9) ☐ The specification is objected to by the Examiner.
- 10) ☐ The drawing(s) filed on _____ is/are: a) ☐ accepted or b) ☐ objected to by the Examiner.
Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).
Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).
- 11) ☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

- 12) ☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
- a) ☐ All b) ☐ Some * c) ☐ None of:
1. ☐ Certified copies of the priority documents have been received.
 2. ☐ Certified copies of the priority documents have been received in Application No. _____.
 3. ☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

* See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

- | | |
|--|---|
| 1) <input checked="" type="checkbox"/> Notice of References Cited (PTO-892) | 4) <input type="checkbox"/> Interview Summary (PTO-413)
Paper No(s)/Mail Date. _____ |
| 2) <input type="checkbox"/> Notice of Draftsperson's Patent Drawing Review (PTO-948) | 5) <input type="checkbox"/> Notice of Informal Patent Application |
| 3) <input checked="" type="checkbox"/> Information Disclosure Statement(s) (PTO/SB/08)
Paper No(s)/Mail Date <u>3/8/2002, 2/10/2004</u> . | 6) <input type="checkbox"/> Other: _____ |

DETAILED ACTION

1. This communication is in response to the amendment received on 10/26/2007. Claims 28-34, 49, 52 have been canceled with this amendment. Claims 22, 25-27, 35, 37-43, 46-48, 50-51, 53-54 remain pending in this application.

Claim Objections

2. Claim 35 is objected to because of the following informalities: Amended claim 35 recites "displaying a graphical user interface ~~consisting of~~ including..." where the word "including" is not underlined. Appropriate correction is required.

Claim Rejections - 35 USC § 112

3. The 35 USC § 112 rejection of claims 22, 25-27 has been withdrawn in light of the amendments made to claim 22.

Claim Rejections - 35 USC § 101

4. The 35 USC § 101 rejection of claim 22 has been withdrawn in light of the amendments made to claim 22.

Claim Rejections - 35 USC § 103

5. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negated by the manner in which the invention was made.

6. Claims 22, 25-27, 35, 37-40, 43, 46-48, 50-51, 53-54 are rejected under 35 U.S.C. 103(a) as being unpatentable over Lavin et al. (hereinafter Lavin) (U. S. Patent

No. 5,772,585), Campbell et al. (hereinafter Campbell) (U.S. Patent No. 6,047,259) and further in view of Simborg et al. (hereinafter Simborg) (U.S. Patent 5,950,168).

A. Claim 22 has been amended now to recite a computer implemented medical record system, comprising:

- i. a display (Lavin; col. 1, line 66 to col. 2, line 5);
- ii. a processor (Lavin; col. 1, line 66 to col. 2, line 5);
- iii. a memory for storing computer readable instructions that cause the processor to render a graphical user interface on the display for inputting data into the medical record system (Lavin; col. 1, line 66 to col. 2, line 5, col. 2, lines 23-38);
- iv. the a graphical user interface including first, second and third data entry screens for documenting a patient encounter and for inputting data into a patient chart stored in the medical record system, wherein the three data entry screens are organized into a subjective, objective, assessment, and plan (SOAP) format (Lavin; col. 1, line 66 to col. 2, line 17, col. 5, lines 48-56), the graphical user interface further consisting of a reason for visit (or chief complaint) data entry field for receiving a selection of a patient's primary reason for visiting a medical service provider operating the medical record, system (Lavin; col. 8, lines 39-58, Figure 12, item 138);
- v. the first screen being operative to accept data input relating to summary data, the summary data including patient vital signs, patient complaint, patient allergies, patient medications, and patient problem data

(Lavin; col. 6, lines 8-17, col. 7, lines 47 to col. 8, lines 8, col. 8, lines 9-58, Figures 11-12);

vi. the second screen being operative to accept data input relating to patient history and physical examination data (Lavin; col. 8, lines 38-58, Figure 12), wherein the selection received in the reason for visit data entry field causes the processor to automatically select a visit outline from a plurality of visit outlines stored in the memory, the automatically selected visit outline being related to the reason for the patient's visit and to present the visit outline in the second screen, the visit outline guiding the examination by the medical service provider and listing the types of information that should be collected and recorded into the medical record system, wherein the presented visit outline includes an item column listing information that should be collected by the medical service provider in relation to the selected primary reason for the patient's visit and a value column that lists the type or format of the collected information, and wherein the system dynamically modifies the presentation of the information set forth in the item column of the visit outline in response to a user making a selection from a pre-defined set of choices presented in the value column of the visit outline; and

vii. the third screen being operative to accept data input relating to order entry data, the order entry data being determined by a user of the

system by referencing the summary data and the history and physical examination data (Lavin; col. 2, lines 52-64, col. 9, lines 41-57).

- Lavin fails to expressly teach the selection received in the reason for visit data entry field automatically selects a visit outline related to the reason for the patient's visit and presents the visit outline in the second screen, the visit outline guiding the examination by the medical service provider and listing the types of information that should be collected and recorded into the medical record system. However, this feature is well known in the art, as evidenced by Campbell.

In particular, Campbell discloses the selection received in the reason for visit data entry field automatically selects a visit outline related to the reason for the patient's visit and presents the visit outline in the second screen, the visit outline guiding the examination by the medical service provider and listing the types of information that should be collected and recorded into the medical record system. (Campbell; abstract, col. 1, line 64 to col. 2, line 8, col. 2, lines 14-21, col. 13, lines 10-18).

It would have been obvious to one having ordinary skill in the art at the time of the invention to include the aforementioned limitation as disclosed by Campbell with the motivation of reminding the user to perform services in the protocol and prompt the user to make

observations related to the selected diagnoses (Campbell; col. 2, lines 4-8).

- Lavin fails to expressly teach the visit outline includes an item column listing information that should be collected by the medical service provider in relation to the selected primary reason for the patient's visit and a value column that lists the type or format of the collected information, and wherein the system dynamically modifies the presentation of the information set forth in the item column of the visit outline in response to a user making a selection from a pre-defined set of choices presented in the value column of the visit outline. However, this feature is well known in the art, as evidenced by Simborg.

In particular, Simborg discloses the visit outline includes an item column listing information that should be collected by the medical service provider in relation to the selected primary reason for the patient's visit and a value column that lists the type or format of the collected information, and wherein the system dynamically modifies the presentation of the information set forth in the item column of the visit outline in response to a user making a selection from a pre-defined set of choices presented in the value column of the visit outline. (Simborg; col. 2, line 63 to col. 3, line 13, col. 4, lines 18-29, lines 54-63, col. 5, lines 44-61 and figure 4).

It would have been obvious to one having ordinary skill in the art at the time of the invention to include the aforementioned limitation as disclosed by Simborg with the motivation of quickly providing relevant information to a healthcare provider and filtering out the irrelevant information until it is needed (Simborg; col. 2, lines 4-8).

B. Claim 25 has been amended now to disclose the system of claim 22, further comprising a carepath module linked to the selected visit outline for suggesting a particular medical treatment in response to the data input in the first, second and third screens into the patient's chart, the carepath module automatically determining that additional data entry is required to evaluate the patient's condition in order to make a suggestion and prompting the user of the medical record system to input the additional data.

- Lavin fails to expressly teach a carepath module linked to the selected visit outline for suggesting a particular medical treatment in response to the data input in the first, second and third screens into the patient's chart. However, this feature is well known in the art, as evidenced by Campbell.

In particular, Campbell discloses a carepath module linked to the selected visit outline for suggesting a particular medical treatment in response to the data input in the first, second and third screens into the patient's chart, the carepath module automatically determining that additional data entry is required to evaluate the

patient's condition in order to make a suggestion and prompting the user of the medical record system to input the additional data.

(Campbell; abstract, col. 1, line 64 to col. 2, line 8, col. 2, lines 14-21, col. 13, lines 10-18).

It would have been obvious to one having ordinary skill in the art at the time of the invention to include the aforementioned limitation as disclosed by Campbell with the motivation of reminding the user to perform services in the protocol and prompt the user to make observations related to the selected diagnoses (Campbell; col. 2, lines 4-8).

Lavin fails to expressly teach the carepath module automatically determining that additional data entry is required to evaluate the patient's condition in order to make a suggestion and prompting the user of the medical record system to input the additional data. However, this feature is well known in the art, as evidenced by Simborg.

In particular, Simborg discloses the carepath module automatically determining that additional data entry is required to evaluate the patient's condition in order to make a suggestion and prompting the user of the medical record system to input the additional data. (Simborg; col. 2, line 63 to col. 3, line 13, col. 4, lines 18-29, lines 54-63, col. 5, lines 44-61 and figure 4).

It would have been obvious to one having ordinary skill in the art at the time of the invention to include the aforementioned limitation as disclosed by Simborg with the motivation of quickly providing relevant information to a healthcare provider and filtering out the irrelevant information until it is needed (Simborg; col. 2, lines 4-8).

C. As per claim 26, Lavin discloses the system of claim 22, wherein the graphical user interface further includes a plurality of picklists coupled to the selected visit outline for entering data into the medical record system (Lavin; col. 13, line 60 to col. 14, line 11, and Figure 19), the picklists including a plurality of data entry choices programmed into the system that are responsive to a particular item of information to be collected by the medical service provider.

- Lavin fails to expressly teach picklists including a plurality of data entry choices programmed into the system that are responsive to a particular item of information to be collected by the medical service provider. However, this feature is well known in the art, as evidenced by Campbell.

In particular, Campbell discloses picklists including a plurality of data entry choices programmed into the system that are responsive to a particular item of information to be collected by the medical service provider. (Campbell; abstract, col. 1, line 64 to col. 2, line 8, col. 2, lines 14-21, col. 13, lines 10-18).

It would have been obvious to one having ordinary skill in the art at the time of the invention to include the aforementioned limitation as disclosed by Campbell with the motivation of reminding the user to perform services in the protocol and prompt the user to make observations related to the selected diagnoses (Campbell; col. 2, lines 4-8).

D. Claim 27 has been amended now to disclose the system of claim 22, further comprising a data repository including genogramatical data, wherein the system graphically maintains the patient's medical history in a genogram (Lavin; col. 7, line 62 to col. 8, line 8, Figures 10-11).

E. Claim 35 has been amended now to disclose a method of managing patient medical treatment data, comprising:

- i. Displaying a graphical user interface including first, second and third data entry screens for documenting a patient encounter and for inputting data into a patient chart stored in a medical record system, wherein the three data entry screens are organized into a subjective, objective, assessment, and plan (SOAP) format (Lavin; col. 1, line 66 to col. 2, line 17, col. 5, lines 48-56);
- ii. accepting data in the first screen relating to summary data, the summary data including patient vital signs, patient complaint, patient allergies, patient medications, and patient problem data (Lavin; col. 6,

lines 8-17, col. 7, lines 47 to col. 8, lines 8, col. 8, lines 9-58, Figures 11-12);

iii. accepting data in the second screen relating to patient history and physical examination data (Lavin; col. 8, lines 38-58, Figure 12), wherein the second screen is configured by a stored visit outline that is automatically selected from a plurality of stored visit outlines by the medical record system in response to the user selection of a particular reason for the patient's visit to a medical service provider operating the medical record system, the visit outline guiding the examination by the medical service provider and listing the types of information that should be collected and recorded into the medical record system; and

iv. accepting data in the third screen relating to order entry data, the order entry data being determined by a user of the system by referencing the summary data and the history and physical examination data (Lavin; col. 2, lines 52-64, col. 9, lines 41-57).

- Lavin fails to expressly teach the second screen is configured by a stored visit outline that is selected by the medical record system in response to the user selection of a particular reason for the patient's visit to a medical service provider operating the medical record system, the visit outline guiding the examination by the medical service provider and listing the types of information that should be collected and recorded into the medical record system.

However, this feature is well known in the art, as evidenced by Campbell.

In particular, Campbell discloses a stored visit outline that is selected by the medical record system in response to the user selection of a particular reason for the patient's visit to a medical service provider operating the medical record system, the visit outline guiding the examination by the medical service provider and listing the types of information that should be collected and recorded into the medical record system. (Campbell; abstract, col. 1, line 64 to col. 2, line 8, col. 2, lines 14-21, col. 13, lines 10-18).

It would have been obvious to one having ordinary skill in the art at the time of the invention to include the aforementioned limitation as disclosed by Campbell with the motivation of reminding the user to perform services in the protocol and prompt the user to make observations related to the selected diagnoses (Campbell; col. 2, lines 4-8).

- Lavin fails to expressly teach the visit outline includes an item column listing information that should be collected by the medical service provider in relation to the selected primary reason for the patient's visit and a value column that lists the type or format of the collected information, and wherein the system dynamically modifies the presentation of the information set forth in the item column of

the visit outline in response to a user making a selection from a pre-defined set of choices presented in the value column of the visit outline. However, this feature is well known in the art, as evidenced by Simborg.

In particular, Simborg discloses the visit outline includes an item column listing information that should be collected by the medical service provider in relation to the selected primary reason for the patient's visit and a value column that lists the type or format of the collected information, and wherein the system dynamically modifies the presentation of the information set forth in the item column of the visit outline in response to a user making a selection from a pre-defined set of choices presented in the value column of the visit outline. (Simborg; col. 2, line 63 to col. 3, line 13, col. 4, lines 18-29, lines 54-63, col. 5, lines 44-61 and figure 4).

It would have been obvious to one having ordinary skill in the art at the time of the invention to include the aforementioned limitation as disclosed by Simborg with the motivation of quickly providing relevant information to a healthcare provider and filtering out the irrelevant information until it is needed (Simborg; col. 2, lines 4-8).

F. Claim 37 discloses the system of claim 22, further comprising a medication pop-up tool accessible from the third screen facilitating entry of medication orders (Lavin; col. 9, lines 41-57, col. 13, line 60 to col. 14, line 11).

G. Claim 38 discloses the system of claim 37, wherein the pop-up tool presents a list of available medications for selection by a user (Lavin; col. 9, lines 41-57, col. 13, line 60 to col. 14, line 11).

H. Claim 39 discloses the system of claim 38, wherein the pop-up tool enables the user of the system to record the history of a selected medication (Lavin; col. 9, lines 41-57, col. 13, line 60 to col. 14, line 11).

I. Claim 40 discloses the system of claim 38, wherein the pop-up tool prompts the user to input data for a new medication (Lavin; col. 14, lines 12-23).

J. Claim 43 has been amended now to disclose the system of claim 22, further comprising add-on notations that can be attached to any element of a visit outline displayed on the second screen to accommodate data entry regarding exceptional situations that are not specifically addressed in the visit outline (Lavin; col. 11, lines 17-35).

K. Claim 46 discloses the system of claim 37, further comprising a pop-up tool for data entry, the pop-up tool facilitating the annotation of a graphical image using text, drawing tools, or both (Lavin; col. 9, lines 58-60, col. 11, lines 17-29).

L. As per claim 47, Lavin discloses the system of claim 37,

Lavin fails to expressly teach mark locations on a graphical image of a body system. However, this feature is well known in the art, as evidenced by Campbell.

In particular, Campbell discloses mark locations on a graphical image of a body system (Campbell; col. 1, lines 50-60, col. 15, lines 56-64, col. 16 lines 4-12, fig. 7).

It would have been obvious to one having ordinary skill in the art at the time of the invention to include the aforementioned limitation as disclosed by Campbell with the motivation of recording medical observations in database file with each user click (Campbell; col. 16, lines 4-12).

M. Claims 48 and 50 repeat the same limitations of claim 47, therefore rejected for the same reasons given in the rejection of claim 47 above and incorporated hereinwith.

N. Claim 51 discloses the medical record system of claim 22, wherein the three data entry screens are selected by three tabs located on a top portion of the user interface, and a plurality of data viewing screens are selected by a plurality of tabs located on a side portion of the graphical user interface (Lavin; col. 2, lines 39-51, col. 9, lines 58-65, Figures 14-15).

O. Claim 53 discloses the system of claim 26, wherein the picklist choices are initially set to a normal condition (Lavin; col. 12, lines 38-64).

P. Claim 54 discloses the system of claim 53, further comprising an all normal structure for selecting the normal condition for each choice presented through a picklist (Lavin; col. 12, lines 38-64).

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7. Claims 41, 42 are rejected under 35 U.S.C. 103(a) as being unpatentable over Lavin et al. (hereinafter Lavin) (U.S. Patent No. 5,772,585), Campbell et al. (hereinafter Campbell) (U.S. Patent No. 6,047,259), Simborg et al. (hereinafter Simborg) (U.S. Patent 5,950,168) and further in view of Ramsay et al. (hereinafter Ramsay) (U. S. Patent No. 5,915,971).

A. As per claim 41, Lavin discloses the system of claim 38.

Lavin fails to expressly teach a calculator tool to calculate medication dosage. However, this feature is well known in the art, as evidenced by Ramsay.

In particular, Ramsay discloses a calculator tool to calculate medication dosage (Ramsay; col. 2, lines 8-19, col. 3, lines 59-67, col. 6 lines 59-63, fig. 19).

It would have been obvious to one having ordinary skill in the art at the time of the invention to include the aforementioned limitation as disclosed by Ramsay with the motivation of determining an appropriate drug dosage (Ramsay; col. 1, lines 65-66).

B. Claim 42 repeats the same limitations of claim 41, therefore rejected for the same reasons given in the rejection of claim 41 above and incorporated herein.

Response to Arguments

8. Applicant's arguments with respect to claims 22 and 25 have been considered but are moot in view of the new ground(s) of rejection.

Conclusion

9. **THIS ACTION IS MADE FINAL.** Applicant is reminded of the extension of time policy as set forth in 37 CFR 1.136(a).

10. A shortened statutory period for reply to this final action is set to expire THREE MONTHS from the mailing date of this action. In the event a first reply is filed within TWO MONTHS of the mailing date of this final action and the advisory action is not mailed until after the end of the THREE-MONTH shortened statutory period, then the shortened statutory period will expire on the date the advisory action is mailed, and any extension fee pursuant to 37 CFR 1.136(a) will be calculated from the mailing date of the advisory action. In no event, however, will the statutory period for reply expire later than SIX MONTHS from the mailing date of this final action.

11. Any inquiry concerning this communication or earlier communications from the examiner should be directed to DILEK B. COBANOGU whose telephone number is (571)272-8295. The examiner can normally be reached on 8-4:30.

12. If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Joseph Thomas can be reached on 571-272-6776. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

13. Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see <http://pair-direct.uspto.gov>. Should

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you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free). If you would like assistance from a USPTO Customer Service Representative or access to the automated information system, call 800-786-9199 (IN USA OR CANADA) or 571-272-1000.

/D. B. C./
Examiner, Art Unit 3626


JOSEPH THOMAS
SUPERVISORY PATENT EXAMINER